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To: Examiner Dana Farahani **From:** Leslie S. Szivos

Fax: 703-872-9318

Pages: 17 Including cover

Phone:

Date: 3/19/2002

Re: U.S. Patent Appln. No. 09/773,798

CC:

IBM Ref: BUR920000143US1

SSMP Docket: 13890

For: PASSIVATION FOR IMPROVED

BIPOLAR YIELD

For Review

• Comments:

1. Amendment Transmittal Letter (in duplicate)
2. Amendment and Response
3. Authorization to Charge Deposit Account
4. Certificate of Transmission by Facsimile dated March 19, 2002

Applicants: Douglas D. Coolbaugh, et al.
Serial No. 09/773,798
Filed: February 1, 2001
For: PASSIVATION FOR IMPROVED BIPOLAR YIELD
Docket: BUR920000143US1 (13890)
Dated: March 19, 2002


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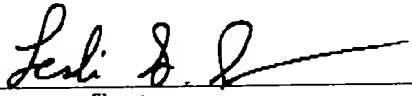
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Douglas D. Coolbaugh, et al.		Docket No. BUR920000143US1 (13890)	
Serial No. 09/773,798	Filing Date February 1, 2001	Examiner Dana Farahani	Group Art Unit 2814

Invention: **PASSIVATION FOR IMPROVED BIPOLAR YIELD**

I hereby certify that this Amendment and Response
(Identify type of correspondence)
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Tricia Tucci
(Typed or Printed Name of Person Signing Certificate)

(Signature)

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BUR920000143US1 (13890)	
Applicant(s): Douglas D. Coolbaugh, et al.					
Serial No. 09/773,798	Filing Date February 1, 2001	Examiner Dana Farahani	Group Art Unit 2814		
Invention: PASSIVATION FOR IMPROVED BIPOLAR YIELD					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0456/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: March 19, 2002		
Leslie S. Szivos Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343					
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